	NDMENT T	TRANSMI	TTAL LE	TTER	Docket No. 1907-0205P
Application		Filing I		Examiner	Art Uni
10/018,574-C		December	20, 2001	J. Song	2188
plicant(s): Yur		AGING METHO	OD .		·-
AF mmissioner for D. Box 1450 exandria, VA 22:					
ransmitted here he fee has beer					
			S AS AMEN		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	16	- 20 =	0	x 50.00	0.00
Independent Claims	1	- 3 =	0	x 210.00	0.00
		OR THIS AME	NDMENT:		0.00
TOTAL ADDIT x Large Entity x No additiona	IONAL FEE FO	d for this amer	ndment.	Small Entity	
x Large Entity x No additiona Please charge A duplicate	IONAL FEE FO	d for this amer count No. eet is enclosed	ndment. i	n the amount of \$ _	
TOTAL ADDIT x Large Entity x No additiona Please char A duplicate of	IONAL FEE FO	d for this amer count No. eet is enclosed	ndment. ii !. Is enclo	n the amount of \$ _	
TOTAL ADDIT X Large Entity X No additiona Please chan A duplicate of A check in the payment by X The Director	al fee is require ge Deposit Acc copy of this she ne amount of \$ credit card. Fo	d for this amer count No. eet is enclosed orm PTO-2038 portzed to chan	ndmenti ! Is enclo is attached. ge and credit	n the amount of \$ _ sed.	
X No additional Please chan A duplicate A check in ti Payment by X The Director as described X Credit a	al fee is require ge Deposit Accopy of this she ne amount of \$ credit card. For is hereby auth below. A dup ny overpayment	d for this amer	ndment	n the amount of \$ _ sed. Deposit Account No	
TOTAL ADDIT X Large Entity X No additions Please chan A duplicate i A check in ti Payment by X The Director as described	al fee is require ge Deposit Accopy of this she ne amount of \$ credit card. For is hereby auth d below. A dup ny overpaymen any additional fili	d for this amer	is enclor is attached. ge and credit this sheet is e	n the amount of \$ _ sed. Deposit Account No enclosed.	o. <u>02-2448</u>